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THE MEDICAL JOURNAL OF AUSTRALIA

VOL. II.—10TH YEAR. SYDNEY: SATURDAY, DECEMBER 29, 1923. No. 26.

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Table of Contents

Presidential Address.[1]

By L. S. LATHAM, M.A., M.D., B.S.,
Retiring President of the Victorian Branch of the British Medical Association.

IN retiring from the presidential chair I desire to convey my appreciation of the action of the Branch in elevating me to that high office for this important year 1923. This has been the Congress year—the first Congress, as you know, organized directly by the British Medical Association in Australia. The Branch has, I believe, every reason to feel satisfaction at the successful holding of the Congress, for although the Congress had its own organization, it was very largely within our own Branch and the conspicuous success of the meetings and social functions was due to the efforts and the ability of members of our own Branch.

I have to acknowledge very gratefully constant help throughout the year from the members of the Council and particularly from the Chairman of Committees, the Honorary Secretary and the other executive officers.

It will be seen from the report which is in your hands, that this year has been a waiting period pending incorporation of the Branch. The parent body having agreed to grant autonomy to overseas Branches, we are only awaiting certain formalities to permit of legal incorporation and considerable extension of our activities. We are in hope that we stand in fact on the brink of a new era.

A certain amount of work has had to be done in settling up the terminal stages of the lodge dispute, the last important stage being a settlement with a large order which had long declined to come into agreement. It is satisfactory that these matters are now working smoothly and that in friendly society matters an amicable tone characterizes all negotiations. Also in the report will be noticed evidence of life in some of our country divisions. It was my privilege early in my year of office to have the opportunity of going to Hamilton and seeing the commencement of active work in that district and we are promised that business and clinical meetings are to be held regularly throughout the year. The Council always welcomes to its meetings any of the country representatives who can find it convenient to attend, and is frequently materially helped by their presence and advice on matters in which country interests are particularly concerned. Some members of the Council have given thought and consideration to the question as to whether some means could not be devised of

[1] Delivered at the Annual Meeting of the Victorian Branch of the British Medical Association on December 5, 1923.

securing more continuous and practical cooperation in Council work from the representatives of country divisions. In another State there is a custom of having one meeting a year specially reserved for matters affecting country districts. The country associations appoint representatives for the special purpose of attending that meeting and we have wondered whether it would at some future date be practicable to follow a similar method. It is hoped that means may be found for the solution of these difficulties and members are invited to make any suggestions for suitable procedure.

Under the great stress of Congress work and the multiplication of meetings arising therefrom, it has been necessary to make alterations in the rules of the Branch so as to have the Council meeting only once in the month and to give executive power in certain respects to committees of the Council. But it was recognized that a delegation of executive powers to committees precluded participation by country representatives in the discussion and determination of matters thus treated and so no delegation of executive power in matters of policy was made.

I wish to direct the attention of members especially to the paragraph of the report dealing with buildings. It is felt that the existing buildings are now unworthy of the Branch and that it would have been a great satisfaction to be able to welcome visiting members of Congress to a more dignified edifice than we at present possess. The steps taken and the hindrances encountered are set out in the report. No doubt opportunities of obtaining suitable property have been missed, but unavoidably missed. Members are earnestly asked to take into consideration the need for suitable buildings to be provided and when the time comes that a definite project can be submitted, to be prepared to go heartily into the matter and provide the Council with the necessary sums for investment in the undertaking. From the nature of the case it will be difficult to give practical details at a very early stage, but the object of the Council and of the Branch as at present conceived is to make the undertaking revenue-producing.

Among the objects of the British Medical Association are primarily those that can be designed scientific "to promote the medical and allied sciences." On the scientific side there is no reason to be ashamed of the achievements during the year. It has to be remembered that our only regular meetings are scientific meetings. These are generally devoted to the reading and discussion of papers, but a large proportion take the form of clinical evenings. In both sets of meetings much excellent work has been produced. The Branch has taken a very active part in promoting post-graduate work; indeed this is probably the most notable post-graduate year since the initiation of the committee directing these studies, the visit of Professor Martin giving an unexampled lustre. The appointment of Drs. Patterson and J. H. Anderson to important positions abroad is a tribute to the quality of the work done within the post-graduate sphere in which our Branch is so largely concerned. Closely akin to the scientific are the social aims of the Branch. On the social side our activities are admittedly limited. Unlike some other Branches we do not hold "smoke socials" and the facilities for social intercourse at Council and Branch meetings are very small. The presence of the Melbourne Medical Association in this field and the inadvisability of multiplying meetings beyond a reasonable limit make this defect of less consequence than it would otherwise be. One is inclined to think that the great success of the Congress just closed was due almost as much to the great facilities afforded for social contact between members as to the sterling quality of scientific work presented in its papers and discussions.

The public is to a great extent ignorant of the primarily scientific character of the Association, knowing it only by its activities in regard to economic questions, such being included under the object "to maintain the honour and interest of the medical profession." It is well that attention be called to the fact that the benefits extend to a wider circle than the membership. Study of the report will show that the policy is by no means as narrow and exclusive as ill-informed critics sometimes affirm. Is it the case that the interest of the community is apt to be subordinated to that of a section? Medical men are citizens as well as doctors. It is reasonable that they should take appropriate action to protect their interest which would otherwise be neglected and probably sacrificed. Only a narrow critic, failing to take account of the immense volume of medical service gratuitously and continuously rendered to the community by the medical profession through the hospitals, could say that the economic activities of the Association mark it as in any sense anti-social. While there is in the spirit of the time a tendency for increased sectional organization for the protection and advancement of sectional interests, the hope may be expressed that the traditional public spirit of the profession will be maintained and insure a policy characterized by an unfailing sense of public duty and a high level of social idealism.

Without raising the whole question of the doctor and the community, it may be urged that there is a distinct benefit to the public in the existence of a vigilant and influential intra-professional organization operating to raise the standard of medical work. This country is comparatively free from certain scourges of the nature of quackery and nostrums. A study of the literature of these subjects shows the enormous proportions they are likely in the absence of suitable checks to attain and how greatly they operate to the public detriment. In the older countries the organized professional bodies have to take vigorous measures to keep these evils within bounds. The claim is sometimes made that here, too, such activity should be undertaken. But so far as fraud and deceit on the part of charlatans are concerned, it is the function of the legal authorities to trace and deal with them. The use of the term doctor or medical practitioner is limited by law to those properly qualified. The public should thus recognize what risk it is taking in consulting individuals not so designated. That the

improper and illegal use of the term is quite rare, is due in large measure to the watchfulness of our Branch Secretary.

The evil of unqualified practice will probably never be completely eliminated. Popular fancy credits the Oriental nations especially with immemorial learning and subtle craft and skill in matters affecting sickness and health. This fascination in most cases does not affect action, but there will always be a proportion in which it is likely to have its way despite enactments to the contrary. A similar argument applies regarding those who prefer the irregular practitioner as being free from the trammels of organized medical thought.

Far more dangerous to the public would be the qualified quack. Every effort should be made to insure the purity of the medical register. It has recently been stated in the lay press that fraudulent diplomas have been issued on a very large scale in certain American colleges. It is said that from one single college, graduates numbering probably twenty-five thousand, a number in excess of the whole numerical strength of the members of the British Medical Association throughout the world, thus fraudulently qualified, have acquired diplomas for cash instead of upon the completion of a fixed course of study and are scattered throughout America. The suggestion is that numerous other colleges have been similarly active. Is there any danger of fraudulent graduates in Victoria? It is of interest and importance to note that no school of medicine or university or college or other body in any country other than the United Kingdom or a British possession shall be recognized by the Medical Board of Victoria for the purposes of the *Act*, unless it appears to the Board that registered legally qualified medical practitioners of Victoria are by virtue of being so registered and without further examination entitled to practise their profession in such country either on registration or otherwise.

The only provision for registration of American graduates in Victoria is that one duly qualified practitioner of one of two specified colleges shall be registered in any one year and that if any person so registered does not remain for at least twelve months after registration as aforesaid as a resident medical officer of the Homœopathic Hospital at Melbourne the Medical Board shall without further or other authority than the *Act* remove such person's name from the Medical Register.

This is, of course, a concession to that section of the community adhering to homœopathic principles and while under strict administration it may not be a very dangerous point, it is a source of weakness in the provisions governing this matter.

In this connexion it may be suggested that the powers of the Medical Board of Victoria might very reasonably be extended with a view to facilitating removal from the Register of practitioners considered no longer worthy to practise. It is to be recognized that such great power should be used only under the most stringent safeguards. If it be deemed not reasonable to entrust such power to any strictly medical body, provision might be made that on information received the Board might have the power to report before a Supreme Court judge showing cause why removal from the Register should be effected in a particular case.

I wish to consider a few matters of by no means equal importance as examples of questions upon which there is considerable popular misconception, misapprehension or ignorance. For such ignorance our profession should feel itself in part responsible for it is a moulder of public opinion in health matters, not, perhaps, as much through public writing, speaking or lecturing, as by the judicious use of the opportunities of personal contact with patients in the course of practice.

> When the devil was ill, the devil a saint would be,
> When the devil was well, the devil a saint was he.

In other words, to a man in health health considerations are apt to be irrelevant and their presentation fails to stir his attention, leaves him cold. In ill-health he finds them exceedingly relevant and a means is afforded for the effective teaching of principles of personal, family and public hygiene.

Vaccination.

There has been a slackening in the vaccination law in Victoria due chiefly to propaganda, but largely due to the profession not utilizing its opportunities. Medical men need to have clear convictions on this subject and should endeavour by studying the early history and later developments of the matter address themselves to the persuasion of their patients who should be given some notion of the facts of immunity and their bearing on the relation of small-pox and vaccination and invited to consider the act not as a magic rite of questionable validity, but as a matter of evidence fully sufficient to justify the conclusion. Many of the objections advanced against the procedure date from long ago prior to the introduction of calf lymph. With the lymph at present used there should be absolutely no risk of the communication of tuberculosis nor, of course, of syphilis, whereas care in technique should make septic contamination an impossibility. As regards the statement that vaccination does not protect against small-pox, this is contradicted by abundant evidence, the fact of protection being thoroughly substantiated. Those of us who were privileged to hear Dr. Victor Heiser, when he passed through Melbourne a year or two ago, on the results of an efficient vaccination campaign in the Philippines, will remember the dramatic story as he presented it of a lessening by many thousands yearly of the mortality from the disease so long as the vaccination was effectively carried out.

J. D. Rolleston, in *Medical Science Abstracts and Reviews* (November, 1920) writes as follows as to the French experience during the Great War:

> Fasquelle, who was director of the anti-small-pox service of the French Army during the war, states that whereas in 1870-1871 125,000 French soldiers at least

contracted small-pox with 23,470 deaths and more than 18,000 deaths occurred among 200,000 cases in Paris alone, this is the first time in history that a war has not been accompanied by an epidemic of small-pox. During the last two years of the war a few cases of small-pox, chiefly introduced from abroad, had occurred in certain departments and even in Paris, but the French Army as a whole, exclusive of the colonial troops, had only twelve cases during the four years of the war with one death. There were in addition forty-four cases with four deaths among the colonial troops. Fasquelle attributes this magnificent result to the laws of 1902 and 1915 on compulsory vaccination and revaccination, the free distribution of active lymph throughout France and the vigorous measures employed in the Army, including compulsory revaccination of all officers, among whom the incidence of small-pox used to be higher than among privates.

In reply to the contention sometimes advanced that reduction in small-pox mortality of recent years is due not to vaccination, but to improvement in general sanitary measures, Rolleston may be further quoted:

The efficacy of vaccination in the case of the German Army during the war is emphasized by Sobernheim who states that when German troops invaded the districts of Poland in which small-pox was rampant, they were practically unaffected by the disease, although they remained there for months and personal hygiene was quite out of the question, their immunity being due to re-vaccination on enlistment and again at the commencement of the war. The defective vaccination of the Polish population was shown not only by the large number of small-pox cases, but also by the predominance of the disease in children. Its distribution among the various classes of the Polish population was also very instructive. The Jews who had had their children vaccinated in infancy, were little affected by small-pox, while the Poles who had neglected vaccination, suffered severely. That it was only the performance of vaccination which accounted for the difference in the distribution of small-pox was shown by comparison with other infectious diseases. The Jews were most unfavourably situated as regards their housing and mode of life and were attacked by other contagious diseases, such as typhoid and typhus, to a far greater extent than the rest of the population.

On the question of compulsion there may still be considerable debate. Compulsion makes a weak ally to a strong cause and is probably, indeed, responsible for the origination of the contention that vaccination does not protect. The resistance to compulsion is so strong that additional arguments against the measure are stimulated. If the profession realized its responsibility to the full a thorough technique would always be followed, only the best potent lymph would be used, at least three marks would be made and good scars well foveated insisted on, before successful vaccination is certified. It is likely that shortcomings in these directions invalidate a great deal of the statistical evidence frequently adduced on this question. The recent visit of Congress members to the Commonwealth Serum Laboratories should inspire confidence in the high quality of the products there manufactured and remove any lingering doubt as to the possibility of harm on the side of the vaccine. Vaccination and re-vaccination constitute the safest personal policy in respect to small-pox and this on a large scale is the safest for the community. The question of compulsion may have to be decided from time to time in view of the necessities of special occasions, but always with a desire to use persuasion and avoid compulsion whenever circumstances admit. Under these circumstances eventually the community may see fit deliberately to reimpose upon itself a compulsory vaccination law. Until that time it may be suggested that medical practitioners should submit themselves and their families to periodic vaccination as an example to the general body of citizens.

Cancer.

Large activity is being manifested in research into the causation and treatment of this great enemy to humanity. Despite certain advances in knowledge treatment is often ineffective, but the fact cannot be too strongly urged that the prospect of recovery is the greater the earlier the disease is recognized and attacked. A valuable memorandum on cancer issued by the Ministry of Health in Great Britain should be widely read. Its object is "to summarize, in non-technical terms, present knowledge regarding the ætiology and incidence of cancer and to offer suggestions which may be useful to local health authorities in their efforts to inform public opinion on this subject." A paragraph on treatment may be quoted as putting most clearly and cogently the general view of the direction public opinion may be encouraged to take in this matter.

If a person has not recognized that something is wrong—and such cases occur—nothing more can be said. But very many persons are aware that something is wrong, fear it may be cancer and put off consulting a doctor because they think that if cancer be diagnosed, an operation will be necessary. Quite apart from the facts that anæsthetics and antiseptics have robbed operations of many of their terrors and that many such cases would not be cancerous at all, the chances of a patient must be better the earlier he or she comes under treatment. Most medical authorities believe that in cancer early operation affords the best chance to the patient, although they would not feel justified in stating that all risk of recurrence is necessarily removed by operation, even if undertaken at an early stage of the disease. But there is indubitable evidence that removal by operation, though ultimately followed by recurrence, enables many people to live a natural life in comfort for considerable periods, while in advanced cases such removal may relieve or prevent prolonged suffering. There are many cases, moreover, in which cancerous growths have been removed once and for all, the patient has lived for years afterwards without recurrence and has ultimately died from an entirely different cause.

Evidence is accumulating that in some varieties of cancer and in some situations radium or X-ray treatment or diathermy carried out by expert medical practitioners offers at least as good a chance to the patient as surgery, without the attendant disadvantages and in other cases it may be tried when surgery is out of the question. The essential point is that the patient should not postpone or delay seeking competent medical advice and, above all, should not waste time or money by trying quack remedies which at best are useless and at worst aggravate the disease. In any condition in which cancer is suspected, immediate and decisive action is necessary.

The actual prospect of length of life after measures for the removal of cancer have been taken is not a matter for dogmatizing, but without question the earlier these measures are adopted the better.

Tuberculosis.

It is to be regretted that after so much effort to educate the public on the subject of tuberculosis a certain amount of knowledge only has been generally acquired, while a tendency to panic has been produced. The dominating emotion in a patient considered a likely subject of this disease is one of fear and it is rare to find a calm and deliberate faculty of judgement when the issue is first raised. As just remarked in the case of cancer, the fear of consumption frequently deters the patient from seeking advice, while the insidious nature of the onset makes it all too easy for the disease to become far advanced before the question of its presence has been properly faced. Many of these people are induced by the advertisements in the lay press of remedies that will cure all chest diseases, to lose valuable time in dosing themselves with such preparations.

In addition to the part played by fear there is also operative the knowledge that a competent medical adviser will in all probability insist upon a course of treatment known to be long, tedious and frequently unsuccessful. Even in established cases the revolt against the tedium of long illness attended by irksome restrictions may induce patients to break away and seek relief in something that promises a speedy cure. That the promise may not be well founded is frequently overlooked.

Dealing with a case of suspected tuberculosis the practitioner will often find his diagnostic resources taxed to the utmost. Patients need care and skill in physical examination not only of the lungs, but of all the systems. Full exhaustive interrogation of the patient for symptoms and personal and family history must be thoroughly undertaken. Bacteriological, serological and radiological methods may have to be applied. All this, of course, is commonly done by the conscientious practitioner, but too often he is inclined to answer only the one question which the patient in his panic propounds: "Have I got tuberculosis? Have I got consumption?" The issue is far more complex than this. When we consider the percentage of incidence of tuberculosis on the population, as shown by the various methods at our command, we may say that the larger number of these patients probably in a sense have tuberculosis, but when we consider the percentage of healing and arrest of tuberculous infections, we see that the mere establishment of the fact of infection does not carry us far. What the patient should ask us is: "What is my state of health? Is it impaired? Is is threatened? What is my outlook for future health? Have I got a disease which is going to destroy my health?" That is what he means when he asks: "Have I got tuberculosis?" And if we reply in the affirmative to the question asked, he naturally takes it that we are giving an affirmative reply to what he really meant. This consideration should hardly need advancing to a medical audience, but we are apt to forget that the popular import of the terms we use is not quite that which we habitually attach to them. One of our Melbourne physicians with an aphoristic vein would say: "It is not the case that Jones has got tuberculosis, but that tuberculosis had got Jones and the question is: what is it doing to him, what is it going to do to him?" To do justice to these questions it is more important to study the patient from every possible point of view, to estimate the physiological capacity of his digestive and excretory no less than of his respiratory mechanisms. Thus an attempt is made to estimate the patient's resistive capacity to the disease.

The proportion of general to local manifestations, the time factor, the bacteriological evidence and many other facts should all be taken into consideration before we communicate to the patient our decision in the matter. He should get diagnosis and prognosis together and care should be taken that he thoroughly understands what is meant by both and the extent to which prognosis depends on treatment. Even if no definite conclusion can be arrived at as to the presence or absence of tuberculosis, the state of the evidence should be placed before him honestly and in a manner that he can understand. If the disease is certainly present, he should be told that the sputum is or may be infective and his help enlisted in closing this avenue of possible infection to others. If for any reason it be deemed inadvisable that the patient himself should know the precise nature of his infection, as may occasionally be urged in the case of marked phthisiophobes or persons for whom the disease has tragic and painful associations, the wisdom of such concealment should be very earnestly debated. Two things are quite certain in such cases. Some responsible person should know the full facts and the patient should be told as much in regard to the infectivity of sputum as will absolutely preclude carelessness and danger from this source. Much distress may be spared the patient if due insistence be laid upon the general factors of constitutional resistance and efforts directed towards their full utilization and improvement. Specific resistance and treatment will also have to be discussed, but their subordination to the general hygienic and dietetic methods is at once sound and a source of encouragement. The condition here is quite unlike that in syphilis where infection is the chief factor and specific therapy is readily available.

Blood Pressure.

The popular fancy is greatly interested in this subject and many a patient lives in a state of exaltation and depression proportionate to the fall or rise of the manometric readings afforded on examination. It should be clearly understood that mere figures in this connexion may be grossly misleading. A somewhat higher blood pressure than normal needs to be interpreted in the light of all the other information afforded by a complete examination of the patient, especially of his circulatory and nervous systems. Though the reading may be high, if the heart be not enlarged and the vessels not thickened and the renal function not impaired, the condition is probably susceptible of explanation as due to causes not of profound significance. If, on the other hand, evidence of disease is present in these

respects, it is to these facts and not to the high pressure that we attach importance. Even then we should recognize the rise in pressure as a natural compensation in a general process and aim in treatment so far as pressure is concerned only to take off any dangerous excess and not to reduce the reading to the conventional normal level.

Our chief object should be to arrest, if possible, the degenerative processes in the vessels and to reduce strain on the heart and kidneys by suitable regulation of life and effort, of food and pleasures, as well as by due attention to the eliminative mechanisms. It is rather interesting to note that too low blood pressure occasions little popular concern. Probably the explanation lies in the fact that it is usually overshadowed by more prominent symptoms.

Psycho-Analysis.

The widespread and general interest in this subject is to be viewed with some concern. I am anxious not to indulge in cheap criticism, but it may be pointed out (what should be clear to anyone who has practised with any concentration psychological method of introspection) that there are many pitfalls to be avoided in a logical tracing out of psychological associations. Follow a train of thought in your own mind and the associations are frequently most difficult to connect. The ideas would appear to be associated in time, but in little else. Psycho-analysis affords by the "word association tests" a valuable means of examination of mind and determining the lines along which association tends to occur, but recognition of the occasional value of this method is consistent with the view that it should be but rarely applied and that the Freudian symbolic interpretation of many phenomena thus observed need not be endorsed. The efforts of ancient philologists in derivations such as *faba, fabaricus* (*fab-aricot-us*) (h) aricot, and *mus muris* (*mu-rat-us*) rat, are ingenuous and simple in comparison with some of the psycho-analytic symbolisms. Probably the whole profession makes use from time to time of suggestion and many of our patients need above all things inspiration or, it may be, comfort and these constitute a form of psycho-therapy. It should be strongly emphasized that in cases of nervous disease psycho-analytic methods should not be employed by non-medical exponents alone, even though they may be expert psychologists, for it is necessary before application of such methods that the presence of organic disease liable to be aggravated by the employment of such methods be first excluded. Such conditions are encephalitis and other inflammatory states. Of course the ideal method would be that persons suitable for this method of investigation should be handled by an expert psychologist in association with skilled medical direction.

Medical and Social Services.

Two important matters claim brief consideration before I conclude. The Branch is frequently forced to examine critically and so may eventually be led to criticize adversely, schemes devised for the provision or the control of medical or similar services. Recent experiences of this kind will occur readily to your minds. While the adoption of an excessively critical attitude may be deprecated, it must be conceded that constructive theorists, even those who consider themselves thoroughly practical, are prone to think mainly of the general intentions actuating their policy, but the Branch is often in a better position to judge the effects, direct and indirect, of their operation. Social and medical evolution are bringing nearer two movements which, long on the distant horizon, have now come to demand attention at close quarters. These are intermediate hospitals and national insurance, the one concerning the State and the other Federal policy.

Intermediate Hospitals.

For the rich and the poor there have long been available private and public hospitals respectively. But between these two classes is a large section of the population only partially provided for and not quite appropriately under these two sets of institutions. Intermediate hospitals have been established and are working with success under the guidance of certain ecclesiastical bodies. Being in a position to command assistance from the members of their churches in money, service and equipment and being entitled to train probationer nurses, these succeed in giving to the less well-to-do hospital accommodation at moderate cost. It is now contemplated that legislation will be enacted to authorize the Government to erect and maintain intermediate hospitals. On this matter the Council has been in communication with the former Treasurer since 1920. It is intended that the matter shall be considered in the near future by a special meeting of the Branch; it is important, therefore, that members should give it very earnest consideration. The provision of a certain amount of intermediate hospital accommodation must be admitted to be a social necessity and the profession may well aid in making some scheme for its provision successful. But before admitting the necessity for Government intervention, we have to think whether the required provision cannot be made in some more satisfactory way. In existing private hospitals there have been set aside one hundred and twenty beds for "intermediate" patients at "intermediate" fees. All members of the Branch have been notified of the number of beds available in the respective private hospitals, but only a small proportion of these has been applied for.

It is estimated by the Private Hospital Employers' Association that in 1922, with an average duration in hospital of two and a half weeks per patient 2,496 patients might have been accommodated, whereas only 558 actually were admitted. While this accommodation is available and not used, the wisdom of additional provision on a large scale may well be questioned. The proposal for Government intermediate hospitals has, in my opinion, originated as a means of remedying the abuse of public hospitals and it will be necessary to insure that this object is attained and also to see that a new set of abuses is not born with the new measure. The Council has enunciated as an essen-

tial condition to its approval of the establishment and control of intermediate hospitals by the Government that there should be an amendment of the present system of taking money from the patients in public hospitals and further has stated that it would be more successful in the direction of stopping the abuse prevalent at public hospitals if no money were taken from patients. This condition is, in my opinion, hardly likely to be realized. On the other hand new abuses seem likely to occur. It is easy to imagine that if these Government intermediate hospitals are established, many patients more fitting for private hospitals will seek admission and keep out more suitable patients. The safeguards against this and other abuses are being considered by the Council and certain suggestions have been decided upon for this purpose. The whole matter is of great importance to medical practitioners, as well as to those members of the nursing profession who have invested their resources in private hospitals. If an intermediate scale of fees is to be agreed upon, medical men should first consider its implications and consequences or they may be very heavy losers. The matter is put thus bluntly to draw attention and consideration to aspects of this problem that might otherwise escape recognition until too late.

National Insurance.

It is probably within the recollection of our members that the introduction of national insurance into Great Britain was the occasion of an enormous upheaval in professional life and work. Bad as were the conditions under which the poorer sections of the population were attended, the profession believed that the insurance scheme would be worse and entered upon a vigorous campaign of resistance, in the course of which the funds of the Association were depleted by some £30,000 and other special funds were consumed. Dr. Alfred Cox, Medical Secretary of the British Medical Association, has summarized the experiences of the first seven years of the working of the *Act*. Apparently had the British Medical Association been consulted at the outset serious misunderstandings might easily have been avoided and a truer appreciation of the situation might have saved much strenuous fighting. As it was, the terms originally proposed were considerably modified and there have been a succession of changes since introduced. Dr. Cox states in *The Journal of the American Medical Association*, May 21, 1921: "I can confidently say that not one doctor in a thousand who is doing national health work would willingly go back to the old system if the choice were put to him as a practical proposition to which he must give an answer." Further, addressing the medical profession of America, he continues: "If you can insure that all your population can get the medical attendance they need without charity and without an insurance system, my advice would be, do not encourage a compulsory State medical insurance scheme. If, on the other hand, you have any considerable section of your population that cannot get the medical attendance they need without resort to medical charity (either the organized kind generally known as medical charity or the unorganized kind known as not paying the doctor), then it seems to me the State ought to organize some provision for them and the medical profession should help."

As you probably know, the Commonwealth Government has appointed a Commission to take evidence and report on the question of national insurance for Australia. All organizations (including the British Medical Association in all the States) likely to be able to assist the Commission, have been applied to for advice and will later be asked for evidence.

The Council of this Branch (and especially the Chairman of Committees) has for some years past foreseen some such development. Some preparation has been made towards collecting evidence as to the experience in other countries and the probable effect here of State activity in this sphere. It is urgently necessary that all possible assistance should be forthcoming from the members in this connexion. Some may have had the opportunity through special experience or study of gaining knowledge of such schemes and their working. If such be the case, can it not be placed at the disposal of the Council so that every care may be taken to secure that if a scheme is to be introduced, it shall be the best possible and avoid the mistakes and profit by the experience of other methods in other countries.

The great essential mistake of Great Britain has already been avoided. The Association has been consulted at the earliest possible stage. That this consultation should be as wide as possible throughout the members is the reason for this reference and for the discussion of the subject in the report.

A committee of the Council asked the Chairman of Committees who is specially qualified for this work, to confer with the Commission and he has submitted the suggestion that the first object of inquiry in regard to insurance for medical attendance should be whether such provision is necessary in this country. Other inquiries will, of course, follow as to the scope of any scheme, the inclusion or otherwise of families, conditions of service, remuneration, compulsory or voluntary character and so forth. The outcome of these investigations may result in changing the conditions of life and work for a large number, perhaps the whole of the profession in Australia.

The Federal Committee has the matter in hand and is seized of the importance of thorough study of the problem. Every effort will, I believe, be made by the Association to maintain the freedom of the profession. It will be a calamity if the scheme is decided upon on any other basis than its merits or if the profession becomes a mere pawn in the political game. This means strenuous work for your officers. Those who have been elected to-night to guide through the coming year the activities of this Branch, will be meeting constantly to deliberate on the best means of advancing your scientific and professional knowledge and of safeguarding your interests.

May I bespeak for them your sympathetic and active help and your willing and loyal cooperation.

A NOTE ON INTESTINAL PROTOZOAL CYSTS IN MAN AT TOWNSVILLE, NORTH QUEENSLAND.

By H. HASTINGS WILLIS, B.Sc., M.B., Ch.M., (Sydney), *Sydney.*

DURING the work of the Australian Hookworm Campaign at Townsville, North Queensland, in the summer of 1920-1921 the opportunity was taken of examining a number of fæcal specimens for protozoal cysts with a view to confirming or refuting the findings of Maplestone published in *The Annals of Tropical Medicine and Parasitology* dated 1921-1922 (Volume XV., pages 403 and 407).

The cost of the investigation was defrayed ultimately by the International Health Board of the Rockefeller Foundation, the Commonwealth of Australia and the State of Queensland in approximately equal proportions and the work was intended to form part of a more extensive investigation into the distribution of protozoal cysts throughout tropical Australia—a project which from lack of opportunities has had to be abandoned.

The specimens examined came from an urban and suburban community under direct and organized sanitary control with a pan system of nightsoil disposal, thus differing from those examined by Maplestone which were mainly from rural dwellers. The results of the two investigations are, however, very similar.

The number of fæcal specimens examined in this group was 440; they were selected from amongst a number of 9,441 collected for examination for hookworm infection in the city of Townsville in the summer of 1920-1921. They were selected in such a way as to be as far as possible representative of the whole number collected. All were examined within forty-eight hours of being voided, by which time degenerative changes in the cysts should not have taken place.

The method of examination was to mix a very small portion of the specimen with a sterilized platinum loop in one or two drops of Weigert's solution on a glass slide measuring 7.5 by 2.5 centimetres. This solution consists of one gramme of metallic iodine, two grammes of potassium iodide in one hundred cubic centimetres of distilled water. A thin 1.9 centimetre coverslip was applied and the film examined over an area of at least 2.4 square centimetres by means of a 3.6 millimetre (one-seventh inch) objective and No. 4 Zeiss eyepiece. This method, though probably of a low order of accuracy, is the simplest and best for routine examinations of this nature.

The criteria of diagnosis between *Entamœba histolytica* and *Entamœba coli* were size of the cyst, the degree of definition of cell structures and number and character of nuclei.

The results of the examination of the four hundred and forty specimens are as follows:

Cysts found in	208
No cysts found in	232
Total	440

The protozoa found were as follows:

Lamblia intestinalis	84	= 19%
Entamœba coli	70	= 16%
Entamœba histolytica	5	= 1%
Iodine cysts (of Wenyon)	7	= 2%
Blastocystis hominis	109	= 25%

Multiple infections occurred fifty-six times made up as follow:

Lamblia intestinalis and *Entamœba coli*	7
Lamblia intestinalis, *Entamœba coli* and *Blastocystis hominis*	5
Lamblia intestinalis and *Blastocystis hominis*	22
Entamœba coli and *Blastocystis hominis*	19
Entamœba histolytica and *Blastocystic hominis*	2
Entamœba histolytica, *Entamœba coli* and *Blastocystis hominis*	1
	56

Infection by age groups is shown in the following table.

Findings as regards *Entamœba histolytica* were checked by Dr. P. A. Maplestone, then Acting Director of the Australian Institute of Tropical Medicine, to whom acknowledgement is due for the provision of laboratory facilities and for valuable advice during the progress of the work.

No steps were taken to determine whether the cysts diagnosed on morphological grounds as those of *Entamœba histolytica* were capable of causing disease.

Age.	Number Examined.	*Lamblia intestinalis.*	*Entamœba coli.*	*Blastocystis hominis.*	*Entamœba histolytica.*	Iodine Cysts.
Under 6	96	35	5	22	0	0
6 to 18	155	40	31	44	0	5
19 to 40	143	7	29	35	4	1
41 to 60	43	1	5	8	1	1
Over 60	3	1	0	0	0	0
	440	84	70	109	5	7

Reviews.

PULSE TRACINGS AND CARDIOLOGY.

A collection of some six hundred tracings of the pulse serves as the basis of a monograph[1] by Dr. Alfred Webster, of Perth. In this he satirizes and attacks those interested in modern graphic records, the "neo-cardiologists" as he calls them. However, a perusal of the work in question will hardly cause a "thrill" nor even a murmur in them. The pulse tracings are taken with a Dudgeon sphygmograph without a time marker. Many of the tracings are open to different interpretation than the one discussed and accepted by the author. Much importance is attached to the height and shape of beats, though these are usually regarded as of minor importance. Allowance must be made for instrumental errors and varying technique. It is easy to produce different types of outline by varying the position of the button on the artery. Dudgeon's instrument has a tendency to over-swinging of the registering lever; the amount of tension on the spring and the degree of extension of the wrist cause variations in height and shape. It is necessary to consider the pressure of the writing style, the thickness of the carbon deposit, the over-swing of the style and its amount of resistance on the paper.

With all these probabilities in causing variations it is not too much to expect that one who sets out to criticize the neo-cardiologists, should avail himself of their improved apparatus, such as the ink writing polygraph or for great accuracy the electro-cardiograph. Modern knowledge of cardiac arrhythmia rests on these instruments, especially the latter with its wonderful precision and sensitiveness. Mackenzie himself soon got away from the Dudgeon sphygmograph and invented his handy ink polygraph. Nowadays, pulse tracings are not used to demonstrate low or high blood pressure, when the sphygmomanometer gives a better method of recording it.

The great value of a pulse tracing is in helping to interpret arrhythmia. Without a time marker it is difficult to judge whether the paper is being driven evenly past the writing style or pen. Apparent irregularities appear if this is not attended to.

Further a venous tracing is of the utmost value in interpreting cardiac arrhythmia and here again the ordinary Dudgeon of the author is handicapped.

Some tracings are used to prove that the premature beat and the alternate beat are the same thing. Auscultation alone will usually suffice to identify premature beats as opposed to alternation of the pulse, which rests on a totally different mechanism.

The author, in measuring the intervals between beats frequently uses the qualification "almost" or "nearly" which is not accurate enough for "neo-cardiologists."

The author is apparently sceptical that a tracing may show a variation from *pulsus bigeminus* to *trigeminus* or occasional premature beat or be followed by alternation for a few beats, but this often occurs. In discussing the premature beat he uses a tracing (118) in the following way. It is a slow rhythm, said to be thirty-three per minute. "This tracing illustrates the occurrence of one so-called premature beat immediately following the dicrotic wave after the first powerful beat. No other such diastolic line is seen in the rest of the tracing. The pulse rate in this case was thirty-three per minute, which we understand from the neo-cardiologists to constitute the condition known as that of heart block (*sic*). Clearly, therefore, premature beat co-exists or alternates with the condition known as heart block."

A more obvious interpretation of this tracing is that the premature beat failed to be recorded at the wrist and that accounts for the slow pulse. Premature beats from the ventricle may co-exist with heart block and even ventricular paroxysms can occur in such cases.

Tracings 125 and 126 shown as examples of premature beats, are more probably examples of auricular fibrillation pulse records.

Tracing 127 is open to a simple explanation that the premature beat failed to reach the wrist and does not mean the pulse of heart block. In many tracings the interpretation given by the author is doubtfully correct, therefore the deductions are equally fallible.

An interesting theory of heart block and curves is illustrated, though the author seems to deny that gross organic lesions can cause the conditions or that there is an idioventricular rhythm or that Stokes-Adams convulsions are due to cerebral anæmia.

The remarks criticizing the modern conception of auricular fibrillation are of little value and the evidence based on electro-cardiographic studies is completely ignored.

This monograph cannot be recommended to those seeking light on the subject of cardiac arrhythmia. It would have added value if clinical case details accompanied the tracings. It is well got up and profusely illustrated with pulse records.

[1] "Cardiac Arrhythmia and the Neocardiology," by Alfred Webster, M.D.; 1922. London: Watts & Company; Demy 4to., pp. 195, with 608 cardiograms. Price: 25s. net.

LAENNEC.

UNDER the general editorship of Dr. Charles Singer, the London medical historian, there is appearing a series of reprints, most of them abridged, of medical classics. The third of these deals with the life and work of Théophile Laennec.[1]

To the work is prefixed a short life of this great physician. In charming language Sir William tells us of his early struggles, of his youthful successes, of the ardour with which he prosecuted his researches to coordinate gross morbid anatomy with the clinical signs and symptoms of disease, researches which alone would have made him one of the greatest pathologists and physicians of all time, researches which, however, are overshadowed in popular estimation by his invention of the stethoscope; how he fell a victim to pulmonary tuberculosis, the disease whose study he had made peculiarly his own, how he fought against increasing illness and exhaustion and how he completed his wonderful life work ere he died at the early age of forty-five. All this is touchingly related by Sir William Hale-White.

The selected passages are scanty in comparison with the original French edition, but they are ample to illustrate his methods and the extraordinary completeness and accuracy with which he solved his problems. A larger but not quite satisfactory edition was edited by Dr. Forbes for the Sydenham Society, but though highly commended by Sir William Osler and others for study by every practitioner, lies for the most part neglected on the library shelf. Some few will be acquainted with the brief reprint in Dr. Camac's "Epoch-Making Contributions to Medicine," but there must be many who scarcely know Laennec. We advise them to remedy the defect by reading this edition.

A criticism of Laennec by a modern reviewer would be an impertinence: praise is supererogatory. We may, however, refer to a few points of curious interest. Laennec tells us that influenza with pneumonic complications was common in the epidemic of 1803, that bronchitis is an essential feature of chronic pulmonary tuberculosis, even in the earlier stages, so that it is impossible to distinguish between the two by the naked eye appearance of the sputum, that sometimes the normal breath sounds are scarcely audible in men in robust health. Many will turn with the greatest eagerness to his description of his stethoscope, the observations which led to its invention and the various material and shapes he tried. Those who

[1] "Medical Classics Series: Translation of Selected Passages from De l'Auscultation Médiate (First Edition)," by R. Théophile H. Laennec, with a Biography by Sir William Hale-White, K.B.E., M.D.; 1923. London: John Bale, Sons and Danielsson, Limited; Crown 8vo., pp. ix. + 193, with ten illustrations. Price: 12s. 6d. net.

prefer the monaural instrument, will find support in his criticism of the ease with which flexible instruments collect and transmit extraneous sounds. The reproduction of his original illustration is as interesting as it is instructive. He tells us, too, of the various names he and his friends gave to the instrument until he decided upon stethoscope; curiously enough "stethophone" does not seem to have been suggested.

A very few explanatory notes have been added by the editor. We wish that he had been more liberal in this respect as the student may find some passages difficult or even obscure. We should, however, not cavil, but thank the editor and the publishers for their excellent production.

PHARMACOLOGY, MATERIA MEDICA AND THERAPEUTICS.

THE sixth edition of Dr. A. A. Stephens's "Text-Book of Therapeutics" contains many alterations and additions.[1] Portions have been entirely re-written. Reference is made for the first time to the following agents: Benzyl benzoate, papaverine, pituitary extract, thyroxin, thromboplastin, benzyl and methyl alcohol, mercurochrome, germanium dioxide, emetine, yeast, acid sodium phosphate, aluminium chloride, phenobarbital ("Luminal"), cinchophen ("Atophan"), silver arsphenamin, acriflavine, proflavine, surgical solution of chlorinated soda, chloramines, "Scarlet red," quinidine, ethyl-hydrocupreine ("Optochin"), surgical paraffin and carbon dioxide snow. The arrangement of the subject matter is good and an excellent general index includes an index of diseases and an index of remedies. In this index the name of each disease is printed in bold-faced type and under it are grouped the remedies employed in the disease. As regards administration of drugs by the rectum the author states that "it is generally necessary to give twice the dose by the rectum that would be required by the mouth." This is still a disputed point and some authorities affirm that the dose by rectum should be only three-fourths of that given by mouth. Young's rule for the dosage of children is given in a most extraordinarily complicated fashion. As set out by the author it would be impossible to arrive at the dose for a child of five, seven, nine or eleven years of age. *Eucalyptus globulus* leaves are said to contain 6% of volatile oil. This is surely erroneous, as Baker and Smith in their investigations, found an average percentage of 0.745. In describing the effects of toxic doses of eucalyptus oil, no mention is made of the minute contraction of the pupil, resembling that produced by opium or morphine, which is characteristic of eucalyptus oil poisoning. It is also mentioned that eucalyptol, *id est* cineol has been employed as a solvent for dichloramine. It is not, however, indicated that this has proved unsatisfactory. Cajuput oil is said to be derived from the leaves of *Melaleuca leucadendron*, "a small tree growing in the East India Islands." As a matter of fact, this tree may attain a height of twenty-seven metres (ninety feet) and its range extends from India and the Philippine Islands through the East Indies to northern and eastern Australia. In an interesting paragraph the author deals with the myotic action of arecolin, a liquid alkaloid derived from betel-nut (*Areca catechu*). Of benzyl benzoate the author says that it "has been used with some success to produce relaxation of smooth muscle in such conditions as dysmenorrhœa, intestinal colic, mucous colitis, pylorospasm, irritability of the bladder, asthma, whooping cough, hiccup, arterial hypertension *et cetera*. On the whole, however, the results have been much less favourable than were anticipated . . . probably because, when administered by mouth, benzyl benzoate is soon conjugated in the body with glycocoll and therefore rendered physiologically inactive." The newer anæsthetics, ethylene and "Ethanesal" are not mentioned in the book. Mercurochrome which is the disodium salt of dibrom-oxy-mercury fluorescine, is freely soluble in water and is said not to be precipitated by proteins. It is claimed that it is superior to organic silver compounds in sub-acute and chronic cystitis and gonorrhœal urethritis. It is reported also to be efficient in strengths of from 0.5% to 2% in disinfecting the throats of diphtheria carriers. Germanium dioxide is said to cause a definite increase in the number of erythrocytes, with a corresponding rise in the percentage of hæmoglobin, but without pronounced increase in the number of leucocytes. It has some features in common with arsenic, but is much less toxic. It has been found of service in some cases of secondary anæmia and even of pernicious anæmia, although in the latter its effects have only been temporary. Its exact value remains to be determined.

Of "Atophan," so largely prescribed by the medical profession at the present time, the author states that "occasionally it causes vertigo, digestive disturbances or a cutaneous eruption of an urticarial, erythematous or purpuric character. Uric calculus disease contra-indicate its use, because of the likelihood of uric acid precipitation within the urinary tract." The use of "Luminal" in simple insomnia and epilepsy is indicated, but it is pointed out that even small continued doses not rarely produce a sense of lassitude, dull headache and even slight vertigo. Its administration should be suspended for at least a day once a week. Reference is properly made to the dangers of quinidine administration in auricular fibrillation. Caution must be exercised in using it. "As a safeguard against accidents it is advisable for the patient to be in bed, under close observation while the treatment is being carried out. The drug in full doses is unsuitable for ambulatory patients." Of silver arsphenamin it is insisted that it "has apparently no advantages over neo-arsphenamin and, moreover, is capable of producing argyria." In Lochte's case permanent discoloration of the skin appeared within five days of a single intramuscular injection of a dose of 0.2 gramme. Of "Optochin" the author states that it has been used in lobar pneumonia, "but with no marked success. Moreover, a serious drawback to the use of the drug is the liability to amblyopia which may last weeks or months and which, in some instances, is permanent." Locally it has proved useful in pneumococcal infections of the eye, especially in serpiginous corneal ulcer. A 1% solution in bland oil may be applied every hour.

Altogether this book is an admirable compendium of pharmacological and therapeutical knowledge and deserves to be considered as one of the best of standard text-books.

[1] "A Text-Book of Therapeutics including the Essentials of Pharmacology and Materia Medica," by A. A. Stevens, A.M., M.D.; 1923. Philadelphia and London: W. B. Saunders Company; Melbourne: James Little; Royal 8vo, pp., 793. Price: 32s. 6d. net.

A LITTLE BOOK FOR THE MOTHERS OF BABIES.

"OPENING DOORS" by Dr. John Thomson is, as the subtitle explains, "a little book for the mothers of babies who are long in learning to behave like other children of their age."[1] The author explains in simple language why the new-born baby can do so little, the signs by which a mother may know he is developing normally and those by which she can recognize that he is slower in his development than he should be. The main part of this small manual is taken up with instructions as to what the mother can do to help her baby. There is a short chapter containing suggestions for the special treatment of stiff-limbed children. Dr. Thomson writes with sympathy and insight and no words are used which might offend the susceptibilities of a sensitive mother. The book is full of encouragement and hope and should be of great assistance to mothers of mentally defective infants. Medical practitioners also will find it a very useful book to put into the hands of nurses and others who have charge of such infants. Its size and cheapness place it within reach of all.

[1] "Opening Doors: A Little Book for the Mothers of Babies who are long in Learning to Behave like Other Children of their Age," by John Thomson, M.D.; 1923. Edinburgh and London: Oliver and Boyd; Crown 8vo., limp covers, pp. 20. Price: 1s. 6d. net.

The Medical Journal of Australia

SATURDAY, DECEMBER 29, 1923.

The Lessons of the Congress.

THE first session of the Australasian Medical Congress (British Medical Association) has come and gone. It has been an unqualified success from the standpoint of organization. No words of praise could be too glowing in recognition of the admirable manner in which the Executive Committee, the office bearers of the several Sections and above all the Honorary General Secretary, Dr. A. L. Kenny, have carried out their strenuous work. At the end of the week every one of the many visiting and local members of Congress had a feeling of a surfeit of intellectual and social entertainment. All had been kept extremely busy and all had been given countless opportunities to widen their professional outlook and to increase their knowledge on general and special medical topics.

The amount of matter presented to the members was greater than was either necessary or expedient. The fault is always difficult to avoid. It would entail an unusual amount of fearlessness and pertinacity on the part of the sectional committees and the Executive Committee to purge a congress of plagiarism. Ideally only original work should be admitted. Members should not be allowed to write and present papers on the work of others, nor should they be permitted to repeat views or observations that have been utilized as the basis of their previously published articles. Again it would be of immeasurable advantage if the controlling committees of the Sections were to institute some form of control or censorship over the contributions, with a view to the elimination of claims and hypotheses which cannot be substantiated by a consideration of the facts elicited. It must be admitted that such a control would be extremely difficult to exercise.

In Melbourne there was a larger amount of work presented than has characterized the material of previous congresses. Some of this has been deliberately collected for the purpose of the discussions planned beforehand. The kind of information sought was not of the nature of startling discoveries. A congress is an indifferent place or occasion for announcements of this nature, since discussion is impossible until their truth can be verified or refuted by careful study and repeated observations and experiment. The Executive Committee therefore displayed wisdom in seeking information on matter of known existence, in order that a solid accession to knowledge might be achieved. We trust that we shall not be charged with hypercriticism when we conclude that in regard to two of the main topics the collected information was distinctly disappointing. Speaker after speaker was forced to admit during the final discussion on tuberculosis that the information available was insufficient for the purpose of establishing a sound prophylaxis of this devastating disease. The recommendations forwarded to the Federal Committee manifest a determination to avoid speculative measures and to accept as an inevitable price of security a considerable delay before a programme of prevention can be adopted. The Federal Government is to be asked to lend its aid and to provide the means to collect the lacking information. In the meantime a policy of tinkering will be continued. Perchance some of the measures employed may contribute toward the slow reduction of the morbidity and mortality of this disease. It is quite certain that much more energetic measures firmly based on sufficient knowledge are needed to achieve anything worthy of the term pervention.

The advances made in the eradication of diphtheria as a result of the information collected for the Congress are small. The Bendigo work was excellent, but it revealed little that has not been established elsewhere. We have claimed for several years that this disease can be controlled if the authorities are prepared to expend a sufficient amount of money. We have at our disposal means to determine which individuals in the community are susceptible; we have weapons to reduce this susceptibility, at all events during a sufficiently long period to enable the authority to eliminate the sources of infection. It is possible to determine who is capable of conveying infection and lastly the infection can be stifled without loss of time by

energetic specific treatment and by adequate isolation. Diphtheria can be stamped out, provided that the authority will supply the financial aid and provided that the whole medical profession will join in the task.

In order to give an intelligible précis of the proceedings it has been necessary to continue our report through three issues. While this large amount of printed matter contains much that will be found to be valuable to the medical reader, it must be admitted that the greater part fails to convey lessons of real worth. It is of small didactic importance that ostensibly good results have been achieved in the treatment of certain diseases by this drug or that operation or a particular form of radiation. It is common knowledge that few methods of treatment yield the same results at the hands of different practitioners. Moreover, real cure of serious disease is rarely effected. Very few contributions to bio-chemical knowledge, to information concerning the nature of definite diseases, to the doctrines of pathology, ætiology and prevention will be found in this mass of material. It is necessary that it should all be placed on record, not merely in this summarized form, but also as unabridged transactions. It will serve a purpose of defining the state of knowledge in the year 1923 and of indicating the trend of medical opinion at this stage. We would express the hope that when the second Session of the Australasian Medical Congress (British Medical Association) is held, medical thought will have emancipated itself and that the contribution as a whole will have a higher scientific value.

Current Comment.

RESISTANCE TO TONSILLITIS.

DURING the occurrence of an epidemic, dependent for its spread on the activities of certain bacteria, the carrier problem is of enormous importance. The carrier state is produced in three ways. An individual may recover from a disease such as diphtheria and still retain virulent bacilli in his fauces. He may have suffered from the disease in such a mild form that its presence was not suspected. There is also the well-known fact that there exist carriers who have never manifested either sign or symptom of the disease usually caused by the organism they are harbouring. It will be remembered that Dudley in the report of his investigation for the Medical Research Council held that coincident with an epidemic of diphtheria there was an epidemic of immunization. The dissemination of submaximal doses of the infective agent would not necessarily cause clinical diphtheria, but while producing an immunity might possibly be responsible for the production of the carrier state. Although it is well known that a healthy individual may harbour non-virulent strains of pathogenic organisms, it must at the present time be assumed for clinical and practical purposes that all such persons or carriers, especially in the presence of an epidemic, are a menace to the community, unless it can be shown that the organisms are non-virulent. If it could be proved, for example, that the Klebs-Löffler bacilli in the throats of all children, not manifesting clinical signs of diphtheria, were avirulent, the carrier problem would cease to be a problem at all and some other scapegoat would have to be found. The percentage of carriers among those in contact with a given disease is found to vary considerably as to whether or not an epidemic is prevalent. This has been demonstrated in connexion with cerebro-spinal meningitis, diphtheria and streptococcal infections.

In the study of epidemiology it is important to know as accurately as possible the extent of the occurrence of an organism in healthy individuals and the effect of contact between carriers and normal persons in non-epidemic periods. This aspect of the subject has been studied by Dr. Arthur L. Bloomfield and Dr. Augustus R. Felty.[1]

The organism studied by these two observers was the *β Streptococcus hæmolyticus*. In the first place they studied its incidence and distribution in the throats of healthy people at a time when streptococcal disease was not prevalent. Cultures were made from the throats of one hundred and eight healthy students. The sites from which swabbings were taken, were the tonsils on either side and the pharynx. Forty-two of the whole group of individuals had previously had their tonsils removed. Of the cultures from the whole group thirty-one or 28.7% yielded *β Streptococci hæmolytici*. Of the forty-two persons who had had their tonsils removed, only four harboured the organism. On the other hand cultures were obtained from 41% of those whose tonsils were intact. Drs. Bloomfield and Felty conclude that these findings indicate the parasitism of *β Streptococcus hæmolyticus* under average conditions in healthy people when streptococcus disease is not present. Such parasitism is a focal one in areas of infected lymph-adenoid tissue. They could find no evidence that the bacteria were actually growing and multiplying on the free surfaces of the mucous membrane, although they regarded it as possible that a few might spread by direct contact from the tonsil over the pharyngeal wall. They thought that the occasional colony recovered from the throats of persons whose tonsils had been removed, indicated a transient "pick up" and not a true carrier state. At a later date there appeared among this group of individuals an acute tonsillar infection. Nine persons were affected.

[1] *Archives of Internal Medicine*, September 15, 1923.

From the fauces of all of them many colonies of hæmolytic streptococci were obtained on culture. After being confined to hospital for an average period of one week these persons were allowed to mix with the other members of the group, although they still harboured large numbers of the organism. A subsequent examination of the whole group revealed the fact that there was no general change in the parasitism of the group as a result of the reintroduction of heavily infected convalescent carriers. As a result of the examination of fifty-one pairs of room mates it was concluded that contact between healthy people played no part in the establishment of the carrier state.

In general Drs. Bloomfield and Felty state that carriage of *β Streptococci hæmolytici* is associated with a high degree of resistance to acute tonsillitis and that this resistance is dependent entirely on the presence of the streptococci. They have published the results of further experiments undertaken because there seemed to be a rational basis for prophylactic vaccination.[1] They observed ninety student nurses over a period of four months. A polyvalent vaccine was prepared from twenty-one strains of *β Streptococcus hæmolyticus* recently isolated from patients with acute follicular tonsillitis. Of the ninety members of the group none had had their tonsils removed and thirty-three were carriers. Seventeen were vaccinated and sixteen were used as controls. There were fifty-seven non-carriers and of these eighteen received the vaccine. During the period of observation there was prevalent an epidemic of influenza. This generally predisposes to tonsillar attacks. Of the thirty-three carriers none, either vaccinated or unvaccinated, developed tonsillitis. Of the eighteen non-carriers who were vaccinated, three developed tonsillitis in an extremely mild form. The aggregate time off duty for the three was four days. Of the thirty-nine non-carriers who were not vaccinated, twelve developed tonsillitis of a more acute variety and lost in all one hundred working days. Drs. Bloomfield claim that these results lend further support to the theoretical consideration of resistance to tonsillitis.

LIPÆMIA RETINALIS.

IN April of this year Gray and Root reported two instances of *lipæmia retinalis* and collected from the literature records of twenty-six previously reported by other observers. The diagnosis of the condition is based on the ophthalmoscopic appearances of the vessels in the *fundus oculi*. This appearance has been variously described by different authors as light salmon, strawberry and cream, milky, light pink milk, silvery sheen or glow. The vessels appear to possess a diameter of about twice the normal size. The arteries and veins are very similar in appearance and present a flat, ribbon-like aspect. Investigators have naturally sought an explanation of *lipæmia retinalis* by estimation of the fat content of the blood. The fat content in nineteen of the patients cited by Gray and Root averaged 9%. The highest was 26.5% and the lowest 3.5%. The blood sugar in instances reported since 1921 averaged 0.34%. The information in regard to acidosis and glycosuria in the literature was defective. Although *lipæmia retinalis* has been held by Köllner and Moore to be a terminal symptom of juvenile diabetes, Gray and Root found that the average age of twenty-four affected persons was twenty-five. They pointed out that in regard to diagnosis leuchæmia and polycythæmia had to be considered. The blood picture and the differential cell counts will be of assistance in this connexion. Wagener, however, demonstrated the coexistence of lipæmia and leuchæmia in one of his patients. Gray and Root referred to Köllner's observation that when the blood fat diminishes, the retinal vessels appear much more normally pink. They concluded that the threshold for the appearance of retinal changes lies between 3% to 6% of blood fat. They did not discuss the possibility of the presence of a lipæmia without the appearance of retinal changes.

Dr. W. S. McCann has recently referred to the condition.[1] He states that *lipæmia retinalis* has been observed twice in the clinic of the Johns Hopkins Hospital during the last eighteen months among one hundred and fifty patients suffering from diabetes. He reports the history of one of these patients in some detail, for he holds that certain of its aspects throw new light on the explanation of the appearance of the retina.

It is unnecessary to discuss in detail the history of Dr. McCann's patient. The patient was a schoolboy, aged fifteen years, who suffered from *diabetes mellitus*. The total blood fat was 9.5% and the characteristic appearances of *lipæmia retinalis* were present. Acidosis was present. After the administration of "Insulin" the acidosis was brought under control. The *lipæmia retinalis* began to diminish and after two days completely disappeared. The remarkable fact was now noted that the percentage of blood fat was higher than it had been (10.8%) when the retinal changes were in evidence. Previously the blood plasma had had a milky appearance on macroscopical examination. In spite of the subsequent higher blood fat percentage the milky appearance of the plasma at the later stage was not so noticeable. Dr. McCann points out that, in accordance with the findings of Wishart, the gross appearance of fatty plasma does not always correspond with the analytical results. He also describes an instance in which the patient's blood fat percentage was 8.9 without any change in the appearance of the retina. He says that it is clear that the total percentage of fat in the blood cannot be the sole factor in the production of the abnormal appearance of the retinal vessels. He offers the not unreasonable tentative explanation that the vessel may be surrounded by fat containing lymph or fat deposited in the adventitia of the vessels and that this causes an abnormal reflection or refraction of light. He thinks that the appearance might depend on the physical state of the fats rather than on their total quantity.

[1] *Bulletin of the Johns Hopkins Hospital*, August, 1923.

[1] *Bulletin of the Johns Hopkins Hospital*, September, 1923.

British Medical Association News.

ANNUAL MEETING.

VICTORIAN BRANCH.

THE ANNUAL MEETING OF THE VICTORIAN BRANCH OF THE BRITISH MEDICAL ASSOCIATION was held in the Medical Society Hall, Albert Street, East Melbourne, on December 5, 1923, DR. L. S. LATHAM, the PRESIDENT, in the chair.

ANNUAL REPORT OF COUNCIL.

The Annual Report of the Council for the year 1923 was adopted on the motion of DR. H. HUME TURNBULL seconded by MR. ALAN NEWTON.

The Council of the Victorian Branch of the British Medical Association and the Committee of the Medical Society of Victoria present the Annual Report for the year 1923.

Election.

At the Annual Meeting, held last December, the following members of the Council and of the Committee were elected: Dr. A. V. M. Anderson, Dr. Stanley Argyle, Dr. R. J. Bull, Dr. R. H. Fetherston, Dr. John Gordon, Dr. Victor Hurley, Dr. L. S. Latham, Dr. Fay Maclure, Dr. J. Newman Morris, Dr. Alan Newton, Dr. Douglas Stephens, Dr. W. G. D. Upjohn, Dr. A. E. Rowden White and Dr. B. T. Zwar.

The following members were elected by the Divisions: Dr. F. J. Bonnin, Dr. G. H. Broinowski (and on his decease, Dr. J. F. Fitzpatrick), Dr. F. L. Davies, Dr. R. M. Downes, Dr. A. E. Ffrost, Dr. J. W. Florance, Dr. G. A. Hagenauer, Dr. J. W. Dunbar Hooper, Dr. J. P. Major, Dr. F. E. McAree, Dr. J. H. Pestell, Dr. J. E. Piper, Dr. Allen Robertson, Dr. W. A. Spring, Dr. Walter Summons, Dr. B. M. Sutherland, Dr. J. F. Wilkinson.

These members, together with the Trustees of the Medical Society, Sir Harry Allen, Dr. C. H. Mollison, Dr. G. A. Syme and Sir Charles Ryan, together with the Director for Victoria of the Australasian Medical Publishing Company, Limited, Dr. W. Kent Hughes and three additional co-opted members, Dr. A. Graham Butler, Dr. A. L. Kenny and Dr. E. F. Lind, constituted the Council for 1923.

The new Council on December 14 elected as President Dr. L. S. Latham; Vice-Presidents, Dr. S. S. Argyle and Dr. J. W. Dunbar Hooper; Honorary Secretary, Dr. F. L. Davies; Honorary Treasurer, Dr. C. H. Mollison; Honorary Librarians, Dr. H. Douglas Stephens and Dr. W. G. D. Upjohn; Chairman of Committees, Dr. J. Newman Morris.

Council Meetings.

There were seventeen ordinary meetings of the Council, at which the attendances were as follow:

Dr. F. L. Davies	17	Dr. Walter Summons	10
Dr. Victor Hurley	17	Dr. H. D. Stephens	10
Dr. B. T. Zwar	17	Dr. J. H. Pestell	9
Dr. R. J. Bull	16	Dr. Alan Newton	9
Dr. Allen Robertson	16	Dr. R. H. Fetherston	9
Dr. R. M. Downes	16	Dr. B. M. Sutherland	8
Dr. J. W. D. Hooper	16	Dr. S. S. Argyle	6
Dr. J. N. Morris	15	Dr. John Gordon	6
Dr. A. V. M. Anderson	14	Dr. E. F. Lind	5
Dr. J. P. Major	14	Dr. A. E. R. White	4
Dr. A. L. Kenny	14	Dr. W. A. Spring	4
Dr. L. S. Latham	14	Dr. J. E. Piper	3
Dr. J. F. Wilkinson	14	Dr. G. A. Hagenauer	1
Dr. Fay Maclure	13	Dr. S. C. Fitzpatrick	0
Dr. A. Graham Butler	13	Dr. A. E. Ffrost	0
Dr. W. G. D. Upjohn	13	Dr. J. W. Florance	0
Dr. W. K. Hughes	12	Dr. F. J. Bonnin	0
Dr. F. E. McAree	11		
Trustees:			
Dr. C. H. Mollison	16	Sir Harry Allen	0
Dr. G. A. Syme	13	Sir Charles Ryan	0

Sub-Committees.

The following sub-committees were appointed by the Council, the first-named member to act as convener of the sub-committee (the President, Chairman of Committees, Vice-Presidents and Honorary Secretary are *ex officio* members of sub-committees):

Organization.—Dr. Robertson, Dr. Fetherston, Dr. Gordon, Dr. Major, Dr. McAree, Dr. Pestell, Dr. Sutherland, Dr. Wilkinson, Dr. Zwar.

Ethical.—Dr. A. V. M. Anderson, Dr. Butler, Dr. Maclure, Dr. Newton, Dr. Summons, Dr. Sutherland, Dr. Syme, Dr. Upjohn.

Legislative.—Dr. Downes, Dr. Hurley, Dr. Fetherston, Dr. Argyle, Dr. Newton, Dr. Zwar.

House.—Dr. Mollison.

Scientific.—Dr. Maclure, Dr. Bull, Dr. Hiller, Dr. Hurley, Dr. Newton, Dr. Patterson, Dr. Stephens, Dr. Sutherland, Dr. Upjohn, Dr. White, with power to add.

Medical Agency.—Dr. Hughes, Dr. Downes, Dr. Mollison, Dr. Upjohn.

Building Committee.—Dr. Hooper, Dr. Hughes, Dr. Fetherston, Dr. Mollison, Dr. White, Dr. Wilkinson, Dr. Zwar.

Library Committee.—Dr. Stephens and Dr. Upjohn, with power to add.

Appointments Made by Council.

The following appointments were made by the Council:

Bush Nursing Association.—Dr. Sutherland and Dr. Stephens.

Advisory Board to Medical Inspectors of Schools.—Dr. Zwar.

Free Kindergarten Union.—Dr. W. Kent Hughes.

The Representative Body.—Dr. R. R. Wettenhall (Representative), Dr. E. J. Long, Dr. Gavin McCallum and Dr. J. F. Mackeddie (Delegates).

The Central Council (representing Group Division).—Dr. T. P. Dunhill.

The Federal Committee, 1924.—Dr. Syme and Dr. Fetherston.

Victorian Correspondent of "The British Medical Journal."—Dr. Reg. Webster.

Executive Council, Victorian Baby Health Centres.—Dr. W.G. Dismore Upjohn and Dr. R. M. Downes.

Post-Graduate Permanent Committee.—Dr. A. V. M. Anderson and Dr. J. W. Dunbar Hooper.

Executive of Melbourne University Association.—Dr. W. G. D. Upjohn.

Society for Combating Venereal Disease.—Dr. Syme, Dr. Major, Dr. Maclure, Dr. Hurley, Dr. Newton, Dr. J. H. Anderson, Dr. Upjohn, Dr. Wilkinson, Dr. Hooper and Dr. Fetherston.

The Minister of Health asked for three nominees of the Council from whom one would be selected by the Government as a member of the committee of eight under the *Pure Milk Supply Act*. Dr. Stewart Ferguson, Dr. Kent Hughes and Dr. A. Jeffreys Wood were nominated.

The Secretary of the Public Health Department asked the Council to nominate two medical practitioners as members of the Masseurs' Registration Board. Dr. Hugh Murray and Dr. J. W. Springthorpe were nominated.

Membership Roll.

The number of members on the roll is 1,113, as against 1,034 in the preceding year. During the year there has been a gain of one hundred and seventy members (one hundred and eleven by election, twenty-three who paid arrears and thirty-six by transfer from other States). On the other hand, ninety-one have been lost (fourteen by death, one by resignation, forty-four by transfer to other States, thirty-two whose subscriptions have been allowed to fall two years in arrears), thus showing a net gain of seventy-nine members. The net gain of the previous year was twelve.

We have to record with regret the deaths of the following members: Dr. W. L. Aitken, Dr. G. H. Broinowski, Dr. Colin Campbell, Dr. A. Corry, Dr. H. J. W. Cook, Dr. G. W. Damman, Dr. A. G. McGowan, Dr. R. G. McLay, Dr. S. J. C. McRae, Dr. Abel Rollason, Dr. G. J. Scantlebury, Dr. W. B. Utber, Dr. A. P. Vaughan and Dr. G. E. Mackay.

Re-organization of the Work of the Council.

At a special meeting of the Branch on July 4, the rules were amended so as to provide for the holding of Council meetings once a month only, instead of twice as formerly and for holding committee meetings on fixed days prior to the Council meeting.

Provision was also made for giving executive powers by a resolution of the Council to any committee, except in matters of policy. The quorum for each committee was also defined. By this new arrangement the work for members of the Council has been considerably curtailed.

Congratulations.

The Council congratulated Dr. Stanley Argyle, a Vice-President of the Branch, on his appointment to the Victorian Ministry as Chief Secretary and Minister of Health. The Council also congratulated Sir George Cuscaden on the honour of knighthood conferred upon him by His Majesty the King.

Subscription.

The special meeting of July 4 amended the rules to provide that any member of not less than ten years' standing, who had retired from active practice, should pay two-thirds of the ordinary annual subscription. The same subscription should be paid by any member of not less than forty years' standing. These amendments brought the rules into line with those of the parent Association.

The practice hitherto had been that where a member's subscription had fallen two years in arrears, the medical practitioner ceased to be a member and his name had to come before the Council for re-election. The Council, following the practice of the parent Association, resolved that on payment of arrears a member should be reinstated without election.

In this Branch, a practice had grown up of placing a member on the "travelling list" when he was proceeding abroad for an indefinite period; his journals were stopped; and his liability for subscriptions ceased. On this return to the Division, he automatically took up his membership. It was found that by this procedure the member was held in the Association and there was no delay in securing him as a full member on his return to Victoria or another State, which would have been otherwise had his resignation been accepted. This procedure for the Victorian Branch has now received the approval of the Central Council.

Australasian Medical Congress (British Medical Association).

The Congress was held in the New Anatomy Buildings at the University from November 12 to 17 and was a great success, both scientifically and socially. The work of the Congress was carried out smoothly by an executive committee and a number of sectional committees, but its signal success was in the main due to the work of the President of the Congress, Mr. G. A. Syme, and to the indefatigable energy and great organizing skill of the Honorary General Secretary, Dr. A. L. Kenny, who did not spare himself during the twelve or eighteen months in which the foundations of the Congress were being laid.

There were eight hundred and thirty-four members of the Congress and of these six hundred and ninety-five attended the meetings.

At the opening ceremony of the new buildings, the War Memorial subscribed for by members of the Victorian Branch was unveiled by His Excellency the Governor of Victoria. By permission of the University Council this memorial is being housed in the new Anatomy Museum until such time as the Branch has found new buildings suited to its requirements.

A general meeting of the Branch resolved that the Victorian members of the Congress should entertain the visiting members at a ball on Friday evening, November 16. The ball was held at the St. Kilda Town Hall with great success.

Ethical Matters.

The Council reaffirmed a former decision that in the matter of ethical questions communications shall not be held with any individual member of a kindred association, but with the association of which he is a member.

In answer to an inquiry the Council replied that there was no compulsion on a lodge to give preference to a member of the British Medical Association over a regularly qualified medical practitioner who does not happen to be a member of the British Medical Association.

The Council passed a resolution that it was inconsistent with the ethics of the profession to be photographed in hospital groups for publication in the press.

It was resolved that no alteration or addition to the treatment of a patient already under the care of a medical man should be made by another medical man acting in his capacity for an insurance or other company or by any other officer of that company without first consulting or discussing the matter with the medical man in charge of the case.

Permission was granted to a medical practitioner to have his biography as a director of a company published with others in a local newspaper, provided that no mention was made of his medical attainments or appointments.

The Council passed a resolution that with the consent of the Chairman of Committees and the Convener the Ethical Committee might have executive powers in any particular matter.

Reports were received of cases of treatment of diphtheria by Chinese without notification to the authorities and patients had died, but no action was taken by the Crown Law Department.

The Council is considering the advisability of amending the *Medical Act* to deal with unqualified practice and to that end is studying the *Medical Acts* of other States, and has written inquiring the powers of the General Medical Council of Great Britain.

The Council ruled that a notice of attendance in a town on certain days placed in the local post office, which happened to be the store in the town, was a commonly accepted form of notification in country districts and was permissible.

It was decided that there was no question of ethics involved in the action of a medical practitioner visiting a town where there was another resident practitioner, the said town being forty miles away from his own surgery.

The Federal Committee was asked to formulate some scheme for carrying out the resolutions already passed by that body in prohibiting members from supplying biographies of themselves for publication.

The question of the division of fees between surgeon and medical practitioner is still under consideration, and the French Medical Association which has a ruling on the subject, has been written to for advice.

The President was empowered to grant the necessary permission of the Council to medical practitioner desiring to give public lectures where time would not permit the request to be placed before the Council; such permission should later be ratified by the Council.

The attention of the editors of the Melbourne newspapers was again drawn to the necessity of withholding the names of members of the Branch from reports of interviews. They were informed that if this were not done, the Council might have to consider the advisability of asking members to refrain from giving any information whatever to press representatives. The Council, however, acceded to the request of the press that representatives might be permitted to interview members of the Council and to publish such interview as having authority in coming from a member of the Council, provided that no name was published therewith.

The Council passed the following resolution:

In the opinion of the Council a *locum tenens* who is paid to take charge of a practice during the absence of the principal from any cause, should regard himself as under an honourable obligation not to take advantage of his position by subsequently starting in practice in the neighbourhood without the approval of the Council of the Branch.

It also resolved that when *locum tenentes* place their names on the books of the Agency, they should be handed a printed slip setting forth their disability to practise in any district where they had done *locum tenens* work without the approval of the Council of the Branch.

Owing to irregular dealings in practices, the Council decided that the attention of members should be drawn to former resolutions of the Council:

(*a*) The sale of a practice by a member of the Association to a practitioner ineligible for membership should not be effected.

(*b*) No practice of a doctor ineligible for membership of the Association shall be purchased by a member of the Branch, unless such purchase shall be directly agreed to by the members of the district concerned; and the purchase shall be subject to the approval of the Council.

Homœopathic Practitioners.

The Council resolved to request the Federal Committee to take into consideration the first and fourteenth principles of medical ethics in its relationship to homœopathic practitioners.

Organization.

The dispute with the friendly societies has come to an end, and the Manchester Unity Independent Order of Oddfellows has accepted the terms of the Wasley award.

Early in the year the Manchester Unity Independent Order of Oddfellows asked for a conference with a view to resuming contractual relationships. It was pointed out that the pool system had proved costly and was in other respects unsatisfactory and that the society's membership was dimininshing. The executive of the Manchester Unity Independent Order of Oddfellows was anxious to come to terms. The Council offered the same terms as had been offered to the other societies, with an addition that the same charge should be made to all lodge members, whether they attended an institute or a non-institute medical practitioner.

The Council was asked for an assurance that there would be no alteration of the Wasley Award prior to the end of 1925 and this was given. The Manchester Unity Independent Order of Oddfellows Annual Conference accepted the terms. The Council agreed to forego the ballot except in institute areas and the Manchester Unity Independent Order of Oddfellows agreed to reappoint all former medical officers and these only for the first quarter.

The Manchester Unity Independent Order of Oddfellows found a difficulty in institute areas in the matter of the uniform charge and asked the Council to withdraw this condition, but without success. Later, delegates from the Friendly Societies' Association put forward the same request, but the Council insisted on the observance of this condition.

Except for a re-ballot at Geelong, Richmond and Hawthorn where certain irregularities had occurred, the arrangements with the Manchester Unity Independent Order of Oddfellows for a return to lodge practice worked smoothly and at the end of six months harmony is fully restored.

With regard to lodge practice generally, the Organization Committee had had occasion to insist on irregularities being checked, such as the failure on the part of lodge secretaries to supply complete lists within fourteen days of the beginning of each quarter and in every case the executives of the order have endeavoured to comply with the requests of the Organization Committee.

Our relationships with all the societies are now more friendly than at any time prior to the dispute. At a conference with the Friendly Societies' Association recently when it was pointed out that some of our members had not been collecting the 2s. 6d. examination fee for intending members, the suggestion came from one representative of the Friendly Societies' Association that it was the duty of the societies to see to the collection of this fee on behalf of the medical officers. This matter is now under consideration of the Friendly Societies' Association, together with the matter of whether Mitcham and Burwood should be classified as town or country for purposes of the award.

Divisions.

The organization of Divisions is improving each year and the general trend is for each Division to subdivide into three or four subdivisions, each electing two representatives to an executive committee of six or eight members. This committee then elects its Chairman, Secretary and representative on the Council of the Branch.

It is found in practice that the Secretary with a minimum of trouble is thus able to keep in touch with each part of his electoral Division and to refer any matters of local importance to the Council through the representative.

In the western district, where for eight or ten years the Council had striven in vain to establish a Division owing to great distances separating the medical practitioners, there is now an electoral division which could be well imitated by other country Divisions. The rules of the Division provide for four meetings a year, two at Warrnambool and two at Hamilton. At each place one of the meetings shall be a clinical meeting and the other a business meeting. At the request of the Division the President attended the last general meeting at Hamilton, where sixteen members were present. A dinner was held and a post-graduate lecture was delivered by Dr. Fay Maclure. To meet the expense in defraying the cost of post-graduate lectures, the Council has granted an extra rebate of 2s. 6d. per head. At the request of the Division its boundaries were extended so as to include the towns as far east as Camperdown. The Division, with the approval of the Council, approached the Committee of the Hamilton Hospital with a view to the appointment of all the medical practitioners of the district as honorary medical officers. Much of the success of this Division is due to the Honorary Secretary, Dr. G. E. Cole, whose duties enable him to visit all the towns in the western district and keep in touch with the members.

Medical Agency.

The Medical Agency continues to grow year by year both in usefulness and financial prosperity. Numerous letters of thanks have been received for its handling of practices and in supplying reliable *locum tenentes*. The balance sheet will be presented to the monthly meeting in February.

Members have availed themselves freely of the offer to import journals and text-books at cost price and in some cases members have been saved up to 40% on what they were formerly charged.

Intermediate Hospitals.

The Council was informed by the State Treasurer that it was his intention to introduce an *Intermediate Hospitals Bill* during the present session of Parliament and asking for the views of the Council.

The Legislative Sub-Committee immediately took the matter in hand, circularized all the Divisions to ascertain the views of its members and in particular as to paying wards in country public hospitals.

The Legislative Committee met weekly for some months in order to determine a policy for the approval of the Council. A conference was held with the Private Hospitals' Association, which feared competition with private hospitals, particularly in country districts.

The Council reaffirmed the principles previously laid down with regard to intermediate hospitals.

Bush Nurses.

Some complaints had reached the Council of the encroachment of the bush nurse upon the domain of the medical practitioner and in view of a proposed conference with the Bush Nursing Association a circular letter was dispatched to each medical practitioner in bush nursing centres, asking for his view and attitude towards the bush nurse. By permission of the Honorary Secretary, Bush Nursing Association, access was had to the files of reports of bush nurses to the central executive. The Council suggested that the Bush Nursing Association should concentrate its activities on the provision of bush nurses in remote districts; that the bush nurse should not treat well-to-do persons, except in cases of emergency; that all bush nurses should have a general and midwifery training and should receive higher remuneration; that as the bush nurse had a discretion in the treatment of trivial cases, she should have proper training and knowledge of her own limitations.

The conference was held and satisfaction was expressed by the Bush Nursing Association executive at the result. It was agreed that the bush nurse should treat only maternity (in accordance with the provisions of the *Midwives Act*) and emergency cases without reference to the medical practitioner.

At a later date, the Honorary Secretary of the Bush Nursing Association attended a meeting of the Council to explain the reasons for the appointment of a bush nurse at Duncan's Road (Werribee). The Council resolved that conditionally upon the nurse's activities being confined to Duncan's Road settlement, the Council approves of a bush nurse being appointed at Duncan's Road and that the restrictive clause as to "trivial" cases should be observed by her.

The Council reaffirmed its previous resolution that Werribee was not a place suitable for a bush nursing centre.

Nurses' Registration Bill.

A clause has been passed in the Legislative Assembly allowing a six months' midwifery training to be included in the period of three years' training necessary for registration, thus reducing the time for general training to two and a half years for those taking up this special department.

Members of the Council who are representatives of the Branch on the Bush Nursing Association Council felt that an impression had been given to members of the Assembly that they were in favour of this reduced period of training; consequently the Council decided to circularize all members of the Legislative Council, informing them that the matter under consideration had never come before the executive of the Bush Nursing Association for discussion at any meeting at which the representatives of the Victorian Branch of the British Medical Association were present.

New Buildings.

The Building Committee met frequently and investigated sites offered for British Medical Association buildings, but found itself hampered by the rules. Plans had been drawn up by a leading firm of architects for additions to the present Medical Society Hall, but it was found that even with a large expenditure of money provision could not be made for the requirements of the Branch. The special meeting of the Branch adopted a resolution approving of a scheme for forming a company to acquire a building site for British Medical Association buildings, such company to bind itself to sell the property to the Branch at cost price. Beyond securing legal advice with regard to the formation of such a company no steps have been taken in this direction, as the Federal Committee and each of the Branches has before it model Articles of Association and provisions for the incorporation of the Branch, which will permit of the purchase of land and erecting buildings thereon.

Medical Officers of Health.

On the continued representations of the Council the salaries of a number of Medical Officers of Health have been increased to those recommended by the Public Health Commission. A letter was sent to the Shire Council of Yea, urging it to conform to these recommendations.

At Ballaarat the increase was made to £100 instead of to £150 and the Council supported the local members in a deputation to the City Council to have the amount still further raised.

At Beeac the Health Officer was urged to endeavour to obtain the prescribed salary, but the Council agreed to a temporary arrangement on a lower scale.

Medical Officers of Education Department.

The Education Department advertised for a medical officer with high attainments at a salary of £492 *per annum*. The Council entered a protest against the inadequate rate of pay, pointing out that the salaries of medical officers in the Commonwealth Service ranged from £606 to £798 *per annum* with an added living allowance.

Both the Minister and the Commissioner were asked to withhold any appointment until after the Council had had an opportunity of discussing the matter with the Minister. Although there were three applications, no appointment was made and at a subsequent deputation the Minister (Sir Alexander Peacock) expressed himself as favourably impressed with the representations of the members of the deputation.

National Insurance.

A Royal Commission has been established by the Federal Government to devise a scheme of national insurance. The Legislative Committee of the Council was asked to take the matter into consideration and the Federal Committee was asked to watch the proceedings of the Commission.

Before either of these bodies met, a letter was received from the Secretary of the Royal Commission asking the Council to nominate a representative to act in an honorary capacity as an independent adviser to the Commission in respect to the affairs of the British Medical Association in relation to the incorporation of a scheme of national insurance. The Commission desired to have the technical knowledge and cordial cooperation of a representative of the British Medical Association and desired the representative to be appointed at an early date. It was not intended that the represenatives from the various organizations in each State should meet, either in committee or with the Commission, or that they should take the place of subsequent evidence and *questionnaire*, but that they might each be given the opportunity of independently advising the Commission on any matters which they were of opinion were worthy of consideration in the inquiry relating to national insurance. As the Council would not be meeting for three weeks, the Legislative Committee discussed the matter in broad aspect and asked Dr. J. Newman Morris, the Chairman of Committees, to meet the Commission and confer, if possible, with similarly appointed delegates from the other States during Congress week.

Permanent Post-Graduate Committee.

The Committee arranged for a course of lectures during the winter by Dr. J. F. Wilkinson on "Disorders of Digestion and Diabetes."

The course comprised eight lectures and ninety-six practitioners attended.

In October four lectures were given by Professor C. J. Martin, C.B., Director of the Lister Institute, on "Some Disorders of Nutrition." Two hundred medical men and students attended these lectures.

The Committee also arranged for the supply of post-graduate lecturers to several country divisions of the British Medical Association in this State.

In November two lectures were delivered free to all members of the Branch and were largely attended, one on the "Biochemistry of Insulin" by Dr. W. J. Young and the other by Dr. J. F. Wilkinson on the "Clinical Use of "Insulin."

Social Reunions.

The Council entertained the Federal Committee at a dinner held at the Hotel Windsor on February 7. A dinner was arranged at the same place to say farewell to Dr. S. W. Patterson, Director of the Walter and Eliza Hall Institute, who had accepted an appointment in England, but owing to his sudden departure this function had to be cancelled. The Council, however, presented him before his departure with a copy of its resolution, engrossed on parchment, expressing admiration of the work he had conducted at the Walter and Eliza Hall Institute and of the stimulus he had provided to the whole profession for the promotion of research and the attainment of the highest standard of medical work. Dr. Patterson was also warmly thanked for his constant active cooperation in the scientific meetings of the Branch.

Dr. J. H. Anderson, Associate Professor of Anatomy in the University of Melbourne, who had accepted an appointment in England, was entertained on June 29 by his colleagues at afternoon tea and made the recipient of a memento of the esteem in which he was held by members of the profession.

Coroners' Courts.

A protest was made to the State Attorney-General against the practice of the coroner and deputy-coroners casting reflections upon public institutions and on medical practitioners on *ex parte* evidence. The Attorney-General welcomed the protest and expressed his disapproval of such practice through the public press.

Practitioners' Year Book.

A suggestion came from a country member that a guide book should be issued comprising information particularly useful to recent graduates, such as ethical principles, scale of fees, legal enactments, rules of the Association and other matters. The suggestion was referred to the Australasian Medical Publishing Company, Limited, for its consideration.

Administration of Venereal Diseases Act.

The Federal Committee asked the several Branches to request the State Government to enforce the provisions of the *Venereal Diseases Act* for prohibiting unqualified persons from treating cases of venereal disease. In pursuance of this request inquiries were made from the venereal disease public health clinics and from those of the public hospitals as to the evidence available of unqualified practice on which action could be taken; but as little or no evidence came to light, no action was taken.

Monthly Meetings.

Six monthly meetings, three clinical meetings and one special meetings were held during the year. The following papers were read:

(1) At the February meeting DR. HENRY LAURIE read a paper on: "Intravenous Therapy of Rheumatoid Arthritis."

(2) At the March meeting, DR. HERMAN LAURENCE read a paper on: "Radium Therapy: Original Experimental Research, Including Death and Retardation of Growth, Prolongation of Life, Determination of Sex, Sterilization, Artificial Parthogenesis."

(3) The April meeting was held at the Children's Hospital, in conjunction with the Pædiatric Society.

(4) At the May meeting, DR. K. DOUGLAS FAIRLEY read a paper on: "Leucocytes in Health and Disease."

(5) The June meeting was a clinical evening at the Melbourne Hospital.

(6) At the July meeting, DR. W. KENT HUGHES read a paper on: "Some Defects that Cause Serious Foot Disability and Their Treatment: Corns, Bunions, *Hallux Valgus*, Hammer-toe, Weak Ankles, Flat-foot, including Metatarsaglia."

(7) The August meeting was a clinical evening at the Alfred Hospital.

(8) At the September meeting, DR. IVAN MAXWELL read a paper on: "Modern Views of Asthma, Hay Fever and Allied Disorders: Urticaria, Angio-neurotic Œdema and Serum Sickness."

(9) The October meeting was a clinical evening at St. Vincent's Hospital.

Owing to Congress, there was no meeting of the Branch in November.

At the special meeting in July, the rules were amended with regard to meetings of the Council and membership subscriptions.

By order of the Council,
C. STANTON CROUCH,
Secretary.

Librarians' Report, 1923.

The adoption of the Librarians' Report was moved by DR. A. L. KENNY and seconded by DR. H. BOYD GRAHAM and carried. The report is as follows:

In presenting their annual report for the current year, the Librarians are pleased to state that the increasing interest in the Library reported last year has been fully maintained; the number of volumes borrowed during the year shows a further increase.

As no shelving accommodation has been provided for over twenty years, very great difficulty is experienced in finding space for the constant additions to the Library. It has been necessary in some cases to double-bank where the shelves are wide enough for the purpose.

Bound and unbound periodicals have been removed from the library shelves from time to time by some members without recording the particulars in the loan book. This is contrary to rule and causes keen disappointment and annoyance to members visiting the Libary to consult those works.

New works of general literature were added to the Library since our last report, as follows:

From the Editor of THE MEDICAL JOURNAL OF AUSTRALIA	57
By Purchase	22
By Donations	12
Total	91

We desire to thank the following donors for volumes and journals presented to the Library during the year: DR. J. F. NELLY, DR. FRED. BIRD, DR. J. W. DUNBAR HOOPER, DR. W. KENT HUGHES, DR. W. MOORE, DR. HUGH MURRAY, DR. ALLEN ROBERTSON, DR. A. V. M. ANDERSON, DR. P. BENNIE and MR. HUGHES (Elsternwick).

At the speecial meeting of July 4, a resolution was passed:

> That with a view to increasing the usefulness of the Library and bringing it up to date the Honorary Librarians be requested to confer with the representatives from the Medical School, the Public Library and Royal Society; that they should also confer with the Public Library authorities to devise a plan whereby the medical works therein could be inspected by medical practitioners.

Election of Members of the Council.

The President explained that under the rules certain members of the Council were elected as representatives of groups of Divisions and others were elected by the general body of members. He declared the result of tne election.

(1) Elected as representatives of Divisions:

Metropolitan Divisions.

Melbourne: Dr. J. W. Dunbar Hooper, Dr. W. G. D. Upjohn, Dr. J. F. Wilkinson.
Northern: Dr. J. H. Pestell.
Southern: Dr. J. P. Major.
South-Central: Dr. F. E. McAree.
Western: Dr. B. M. Sutherland.
North-Eastern: Dr. Allen Robertson.
Eastern: Dr. Walter Summons.
South-Eastern: Dr. F. L. Davies.

Country Divisions.

Central: Dr. A. C. H. Salter.
Southern: Dr. George Woods.
Northern: Dr. A. E. Ffrost.
South-Eastern: Dr. S. C. Fitzpatrick.
South-Western: Member to be elected by Council.
North-Western: Member to be elected by Council.
North-Eastern: Dr. J. W. Florance.

(2) Elected by the General Body of Members:

Dr. S. S. Argyle,	Dr. A. L. Kenny,
Dr. R. J. Bull,	Dr. L. S. Latham,
Dr. R. M. Downes,	Dr. J. Newman Morris,
Dr. R. H. Fetherston,	Dr. Alan Newton,
Dr. R. Fowler,	Dr. H. Douglas Stephens,
Dr. J. Gordon,	Dr. A. E. Rowden White.
Dr. Victor Hurley,	Dr. B. T. Zwar.

The scrutineers, DR. C. H. MOLLISON and DR. F. L. DAVIES, reported that three hundred and eight effective votes had been recorded. Five informal ballot papers had been received.

President's Address.

DR. L. S. LATHAM, the retiring PRESIDENT, then read his address (see page 675).

MR. G. A. SYME said that it gave him great pleasure to move a vote of thanks to Dr. L. S. Latham for his admirable address and for the work he had carried out in the interests of the Branch during his year of office. The duties of the President had been considerably lightened since the institution of the office of Chairman of Committees, but a great deal of responsible work still devolved upon the President. No one could have discharged the functions of President of the Branch more efficiently than had Dr. Latham. He wished to express his appreciation of the excellent address. It was not customary to discuss the address, but he was at liberty to remark that it provided much food for thought and action. As Dr. Latham had dealt with matters of great importance and interest to the general public, he hoped that the address would be widely circulated. It was highly desirable that the public should be conversant with the real aims, objects and ideals of the medical profession. Dr. Latham had presented these succintly, judicially and temperately.

DR. J. F. WILKINSON seconded the motion. He supported the suggestion that the address should be given as wide a publicity as possible. It was necessary to educate the public, and if the people realized the objectives of the British Medical Association in the direction of maintaining high ideals of medical practice, there would not be so many cheap sneers directed at their organization.

In expressing his thanks for the manner in which the motion was received, DR. LATHAM paid a high tribute to the energy and ability displayed by the Chairman of Committees, Dr. J. Newman Morris.

Proceedings of the Representative Meeting.

DR. R. R. WETTENHALL reported that he had attended the Representative Meeting at Portsmouth as a delegate from the Victorian Branch. He gave an interesting account of the admirable organization of the meeting and spoke very appreciatively of the kind reception accorded to visiting delegates. He had been gratified to note how warmly the announcement that Mr. G. A. Syme (Victoria), Dr. R. H. Todd (New South Wales), and Dr. Harry Gibbs (New Zealand) had been elected Vice-Presidents of the Association was received by the Representative Meeting.

A copy of the minutes of the Annual Representative Meeting was laid on the table.

Votes of Thanks.

DR. J. W. DUNBAR HOOPER moved a vote of thanks to those members of the last Council who had not sought re-election—Dr. A. V. M. Anderson, Dr. A. Fay Maclure and Dr. A. Graham Butler. It was difficult to imagine the Council of the Victorian Branch without Dr. A. V. M. Anderson who had been one of its leading figures for so many years. He hoped that Dr. Anderson would still give them the benefit of his wise counsel on the Ethical Sub-Committee. Dr. Maclure had been prominently associated with the work of the Permanent Post-Graduate Committee and would be greatly missed from the Scientific Sub-Committee of the Branch of which he had been convener for the last twelve months. In co-opting Dr. Graham Butler as a member of the Council they had felt that they were securing the services of an experienced adviser and at the same time were extending a courtesy to the Queensland Branch.

The motion was seconded by DR. A. L. KENNY who cordially supported Dr. Hooper in his remarks appreciative of the services rendered by the retiring members of the Council.

Brief acknowledgement was made by DR. A. V. M. ANDERSON and by DR. A. GRAHAM BUTLER.

NOMINATIONS AND ELECTIONS.

THE undermentioned have been elected members of the New South Wales Branch of the British Medical Association:

BURRELL, ARTHUR ERNEST WINTON, M.B., Ch.M., 1922 (Univ. Sydney), The Hospital, Kenmore, *via* Goulburn.

HUNT, PERCIVAL SYDNEY, M.B., Ch.M., 1923 (Univ. Sydney), Royal South Sydney Hospital, Zetland.

THE undermentioned have been elected members of the Victorian Branch of the British Medical Association:

BALDWIN, ALEC HUTCHESON, M.B., B.S., 1917 (Univ. Melbourne), Kyneton.

BAYLEY, ARTHUR WELLESLEY, M.B., B.S., 1923 (Univ. Melbourne), "Anglesey," Burke Road, East Malvern.

BEATTLE, IVO PAUL, M.B., B.S., 1923 (Univ. Melbourne), 17, Mercer Road, Malvern.

BLAIR, JOHN MURRAY, M.B., B.S., 1923 (Univ. Melbourne), Camberwell.

COURTNEY, CHARLES WILSON, M.B., B.S., 1923 (Univ. Melbourne), Repatriation Hospital, Caulfield.

FRIEDMAN, HARRY, M.B., B.S., 1923 (Univ. Melbourne), 82, Madeleine Street, Carlton.

LOVE, LESLIE ANDERSON, M.B., B.S., 1923 (Univ. Melbourne), Moonee Ponds.

RICHARDS, REGINALD ERNEST, M.B., B.S., 1922 (Univ. Melbourne), Hawthorn.

THWAITES, JOHNSTONE LESLIE, M.B., B.S., 1923 (Univ. Melbourne), 537, Malvern Road, Toorak.

Obituary.

WILLIAM THOMAS CHENHALL.

IT is with great regret that we have to announce the death of Dr. William Thomas Chenhall, of Woollahra, Sydney. Dr. Chenhall died after a short illness on December 15, 1923.

Australasian Medical Congress (British Medical Association).

TRANSACTIONS OF CONGRESS.

The Executive Committee of Congress have decided to publish the Transactions of the First Session of the Australasian Medical Congress (British Medical Association) in a series of weekly supplements to THE MEDICAL JOURNAL OF AUSTRALIA, starting early in January, 1924. This arrangement will enable every member of the British Medical Association in Australia as well as subscribers to the journal to receive the Transactions in serial form. Those who would wish to avoid the necessity of collecting the supplements, can secure the whole collected and bound at a low cost in addition to the loose parts. Orders for the complete Transactions bound either in cloth or half-leather covers must be sent to the Manager of the journal before December 29, 1923, so that extra copies of each supplement may be printed. The price will be announced at an early date.

Corrigendum.

OUR attention has been directed to a mistake which appears in our summary of the proceedings of Congress (see THE MEDICAL JOURNAL OF AUSTRALIA, December 15, 1923, page 643). Under the caption "Psychological Processes and Physiological Reflex Mechanisms" it is recorded that Sir Henry Maudsley read a paper. It was Dr. Henry F. Maudsley and not his father who read this paper.

Books Received.

A COMBINED TEXT-BOOK OF OBSTETRICS AND GYNÆCOLOGY, by J. M. Munro Kerr, M.D., F.R.F.P. and S. (Glas.), James Haig Ferguson, M.D., F.R.C.S. (Edin.), James Young, D.S.O., M.D., F.R.C.S. (Edin.), and James Hendry, M.A., B.Sc., M.B.; 1923. Edinburgh: E. and S. Livingstone; Royal 8vo., pp. 1026, with 474 illustrations. Price: 35s. net.

BLOOD CHEMISTRY COLORIMETRIC METHODS FOR THE GENERAL PRACTITIONER, by Willard J. Stone, M.D.; 1923. New York: Paul B. Hoeber; Demy 8vo., pp. 85, with five figures. Price: $2.25.

DIAGNOSIS AND TREATMENT OF ACUTE ABDOMINAL DISEASES INCLUDING ABDOMINAL INJURIES AND THE COMPLICATIONS OF EXTERNAL HERNIA, by Joseph E. Adams, M.B., M.S. (London), F.R.C.S. (England); Second Edition; 1923. London: Baillière, Tindall and Cox; Demy 8vo., pp. 568, with forty-six illustrations. Price: 16s. net.

HIGH BLOOD PRESSURE: ITS VARIATIONS AND CONTROL, by J. F. Halls Dally, M.A., M.D., B.C. (Cantab.), M.R.C.P. (Lond.); 1923. London: William Heinemann (Medical Books), Limited; Demy 8vo., pp. 165, with 23 illustrations. Price: 10s. 6d. net.

ORAL HYGIENE, by J. Sim Wallace, D.Sc., M.D., L.D.S.: 1923. London: Baillière, Tindall and Cox; Demy 8vo., pp. 83. Price: 5s. net.

PAPERS AND ADDRESSES IN SURGERY (SELECTED AND REVISED), by R. Hamilton Russell, F.R.C.S. (England); 1923. Melbourne: Allan Grant; Demy 8vo., pp. 452, with coloured frontispiece and sixty-nine figures in the text.

RUBBER AND GUTTA PERCHA INJECTIONS, by Charles Conrad Miller, M.D.; 1923. Chicago: Oak Printing and Publishing Company; Demy 8vo., pp. 100, with ten illustrations. Price: $1.75.

SYNOPSIS OF MIDWIFERY, by A. C. Magian, M.D.; 1923. London: William Heinemann (Medical Books), Limited; Post 8vo., pp. 253. Price: 8s. 6d. net.

THE ACTION OF ALCOHOL ON MAN, by Ernest H. Starling, C.M.G., M.D., Sc.D., F.R.C.P., F.R.S., with Essays by Robert Hutchinson, M.D., F.R.C.P., Sir Frederick W. Mott, K.B.E., M.D., F.R.S., LL.D., F.R.C.P., and Raymond Pearl, Ph.D.; 1923. London: Longmans, Green and Company; Demy 8vo., pp. 300. Price: 12s. 6d. net.

Medical Appointments.

DR. K. G. KERR has been appointed a Resident Medical Officer at the Adelaide Hospital.

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DR. CECIL SILAS MEAD (B.M.A.) has been granted a licence to practise anatomy during such time as he is Demonstrator in Anatomy in the Medical School of the University of Adelaide.

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DR. W. J. FERGUSON (B.M.A.) has been appointed Government Medical Officer at Ariah Park, New South Wales.

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DR. E. A. JOSKE (B.M.A.) has been gazetted an Appointed Member of the Licensing Court for the Licensing District of Balranald, New South Wales.

* * * *

DR. R. J. VERCO (B.M.A.) has been appointed an Official Visitor to the Mental Hospital, Parkside, South Australia.

Medical Appointments Vacant, etc.

FOR announcements of medical appointments vacant, assistants, *locum tenentes* sought, etc., see "Advertiser," page xviii..

ADELAIDE CHILDREN'S HOSPITAL: Two Resident Medical Officers.

LUNACY DEPARTMENT, VICTORIA: Junior Medical Officer.

Medical Appointments: Important Notice.

MEDICAL practitioners are requested not to apply for any appointment referred to in the following table, without having first communicated with the Honorary Secretary of the Branch named in the first column, or with the Medical Secretary of the British Medical Association, 429, Strand, London, W.C..

BRANCH.	APPOINTMENTS.
NEW SOUTH WALES: Honorary Secretary, 30 - 34, Elizabeth Street, Sydney	Australian Natives' Association Ashfield and District Friendly Societies' Dispensary Balmain United Friendly Society's Dispensary Friendly Society Lodges at Casino Leichhardt and Petersham Dispensary Manchester Unity Oddfellows' Medical Institute, Elizabeth Street, Sydney Marrickville United Friendly Societies' Dispensary North Sydney United Friendly Societies People's Prudential Benefit Society Phœnix Mutual Provident Society
VICTORIA: Honorary Secretary, Medical Society Hall, East Melbourne	All Institutes or Medical Dispensaries Australian Prudential Association Proprietary, Limited Mutual National Provident Club National Provident Association
QUEENSLAND: Honorary Secretary, B.M.A. Building, Adelaide Street, Brisbane	Brisbane United Friendly Society Institute Stannary Hills Hospital
SOUTH AUSTRALIA: Honorary Secretary, 12, North Terrace, Adelaide	Contract Practice Appointments at Renmark Contract Practice Appointments in South Australia
WESTERN AUSTRALIA: Honorary Secretary, Saint George's Terrace, Perth	All Contract Practice Appointments in Western Australia
NEW ZEALAND (WELLINGTON DIVISION): Honorary Secretary, Wellington	Friendly Society Lodges, Wellington, New Zealand

Diary for the Month.

1924.

JAN. 8.—New South Wales Branch, B.M.A.: Council (Quarterly).
JAN. 9.—Tasmanian Branch, B.M.A.: Branch.
JAN. 11.—South Australian Branch, B.M.A.: Council.
JAN. 15.—New South Wales Branch, B.M.A.: Ethics Committee.
JAN. 22.—New South Wales Branch, B.M.A.: Executive and Finance Committee.
JAN. 23.—Victorian Branch, B.M.A.: Council.
JAN. 29.—New South Wales Branch, B.M.A.: Organization and Science Committee; Medical Politics Committee.
FEB. 6.—Victorian Branch, B.M.A.: Presentation of Balance Sheets, 1923.
FEB. 8.—South Australian Branch, B.M.A.: Council.
FEB. 13.—Tasmanian Branch, B.M.A.: Branch.
FEB. 20.—Victorian Branch, B.M.A.: Council.
FEB. 28.—South Australian Branch, B.M.A.: Scientific Meeting.

Editorial Notices.

MANUSCRIPTS forwarded to the office of this journal cannot under any circumstances be returned. Original articles forwarded for publication are understood to be offered to THE MEDICAL JOURNAL OF AUSTRALIA alone, unless the contrary be stated.

All communications should be addressed to "The Editor," THE MEDICAL JOURNAL OF AUSTRALIA, B.M.A. Building, 30-34, Elizabeth Street, Sydney. (Telephone: B. 4635.)

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